## COMMONWEALTH OF MASSACHUSETTS DIVISION OF PROFESSIONAL LICENSURE BOARD OF STATE EXAMINERS OF ELECTRICIANS

(617)727-9931

239 CAUSEWAY STREET, BOSTON, MA 02114 MCE PROVIDER APPROVAL APPLICATION

## 15-Hour Continuing Education (CE) seminar

Pursuant to chapter 237 CMR 17.00 I am hereby apply for approval from the Board of State Examiners of Electricians to offer a review of the current Massachusetts Electrical Code 527 CMR - 12.00 for 15 Clock Hours for Massachusetts Licensed Electricians. I also agree to abide by all Board Regulations governing mandatory continuing education for Massachusetts Licensed Electricians and those by reciprocity and further attest that all statements made herein are accurate and true.

	Signature:						
l. 2.	Provider's name (Licensee)						
	□ Board Approved public vocational school       □ Non-Board Approved public vocational school         □ Private vocational School       □ Trade association         □ Inspectors association       □ Labor training programs (Union or Non-Union Individual or others (specify):						
	Provider's address City Town Zip Code						
	Providers email address (mandatory)						
	Telephone number ( )						
	I am making an application to conduct CE seminars for the following individuals:  Master and Journeyman Electricians Yes Systems Contractors/Technicians Yes Are you Certified by Massachusetts Department of Education Occupational Division:  Yes No						
5.	Completed by the licensee who signed Agreement affidavit responsible for Board Matter:						
	Licensee's name						
	Address Street No. City or Town Zip Code						
	Masters License No Journeyman License No						
	System Contractor License No System Technician License No						
	List any other State electrical licenses						
	Residency (list State):						
5.	Will you be conducting course/seminars within the boarders of Massachusetts?						
	If you answered no to the above question 7 list the state or states that you will be conducting seminars in						

Are you conducting Electrical Code cla	sses now?	□Yes	□No		
List all instructors (agents) who will be	e under your Pro	ovider-ship and w	vill be conduc	ting 15-hours MCE	seminars
Name		Phone numbers		Class/ type- lice	ense No.
List all entities (agents) under your Pro Name	vider-ship who	will be sponsoring Address	g 15-hours MG	CE seminars Telephone N	umber
	vider-ship who		g 15-hours MG		umber
	vider-ship who		g 15-hours MG		umber
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Name	vider-ship who		g 15-hours MG		umber
	vider-ship who		g 15-hours MO		
Name  Credit References, list (3)	vider-ship who	Address	g 15-hours MG	Telephone N	
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Name  Credit References, list (3)  Name		Address	g 15-hours MO	Telephone N	
Name  Credit References, list (3)	er history	Address	g 15-hours MG	Telephone N	umber

13. Education: School / courses history		
Name	Phone number of contact person	Number of years/months
14. Employment: History		
Name	Phone number of contact person	Number of years/months
7.444	Those number of contact person	1.0me or or yours, monais
website: www.ma.gov/dpl/boards/el.htm  15. The Provider on this application a	nend this information relating to your applicangrees to the following: to submit to the culum and; to obtain and submit a Sur	Board for Board review and
	State Examiners of Electricians. Initia	
	igrees to hereby signs this application usined herein are true to the best of his o	
Provider's Signature		Date